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| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 10/521,540-Conf. #9336 |
| | Filing Date | July 11, 2005 |
| | First Named Inventor | Achim Feurer |
| | Art Unit | 1624 |
| | Examiner Name | Rao, Deepak R. |
| | Attorney Docket No. | Le A 36 009 [69042(303989)] |

Please change the Correspondence Address for the above-identified application to:

☐ The address associated with Customer Number:

OR

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| <input checked="" type="checkbox"/> Firm or Individual Name | Bayer HealthCare LLC | | |
| Address | 555 White Plains Road | | |
| City | Tarrytown | State | NY |
| Country | US | Zip | 10591 |
| Telephone | (914) 333-6945 | Email | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 31,018
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

| | |
|-----------------------|------------------------|
| Signature | <i>William F. Gray</i> |
| Typed or Printed Name | William F. Gray |
| Date | June 11, 2008 |
| Telephone | (914) 333-6944 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: June 11, 2008

Electronic Signature for Gabriel J. McCool: /Gabriel J. McCool